Office of Labor-Management Standards Washington DC 20210

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Omce of Management and Budget No. 1215-0188 Expires 11 30 2005

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, lines, or divide penalties as provided by 29 U.S.C. 439 or 440

| For AUG | 061 | 7 | 2005 |
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

|) "Y" Y" "" | | | | |
|--|--|--|--|--|
| 1 File Number U 2067 | 2 Fiscal Year Covered From | | | |
| | 1 /1 /2004 Through I2 /31 /2004 | | | |
| 3 Name and address of person filing | 4 Name, file number and address of labor organization. | | | |
| Name Jesus [Rodriguez | Name Laborers Local 802 | | | |
| | Labor Organization File Number 007-117 | | | |
| PO Box, Bidg., Room No if any PO Box 518 | PO Box, Building and Room Number if any PO BOX 518 | | | |
| Street 540 N Marine Ave | Street 540 N Marıne Ave | | | |
| Cay Wilmington | Cay Wilmington | | | |
| State California ZIP Code + 4 90744 | State California ZIP Code + 4 9 0 7 4 4 | | | |
| 5. Position in tabor organization. Executive Board | | | | |
| Enter appropriate data below it, during the past fiscal year you or your spo (except as specified in the exclu | use or minor child directly or indirectly had any of the following interests soons set forth in the instructions). | | | |
| A. Held an interest in engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. | | | | |
| | | | | |
| 6. Name and address of Employer (including trade name, if any) | 7 a. Nature of Interest, Transaction, or Income, | | | |
| 6. Name and address of Employer (including trade name, if any) Name | | | | |
| | 7 a. Nature of Interest, Transaction, or Income. | | | |
| Name NONE | | | | |
| Name NONE Trade Name, if any P O Box, Bidg. Room No if any | | | | |
| Name Name, if any | NONE | | | |
| Name NONE Trade Name, if any P O Box, Bidg. Room No if any | NONE | | | |
| Name Name None Trade Name, if any P O Box, Bidg. Room No if any Street | NONE 7 b Amount. | | | |
| Name Name None Trade Name, if any P O Box, Bidg. Room No if any Street City | NONE 70 AMOUNT. NONE | | | |
| Name Name None Trade Name, if any P O Box, Bidg. Room No if any Street City ZiP Code +4 | NONE To Amount. NONE ture equiry and other applicable penalties of the law that all of the information and documents) has been examined by the signatory and is to the best of the | | | |
| Trade Name, if any P O Box, Bidg. Room No if any Street ZIP Code + 4 Signal 15 Signature and verification. The undersigned declares under penalty of P submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct, and complete. (See the section of the | NONE TO Amount. NONE ture enury and other applicable penaltics of the law that all of the information g documents) has been examined by the signatory and is to the best of the ion on penalties in the instructions.) | | | |
| Trade Name, if any P O Box, Bidg. Room No if any Street ZiP Code + 4 Signal 15 Signature and verification. The undersigned declares under penalty of P or throughout a first report firectiding the information contained in any accompanying | NONE 7 b Amount. NONE ture equiry and other applicable penalties of the law that all of the information and documents) has been examined by the signatory and is to the best of the | | | |

4 m

| B Held an interest in or derived income or economic benefit with monetary visualization part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization. | erwise dealing with the business dively seeking to represent, or ndirectly to or otherwise |
|--|--|
| 8, Name and address of Business (including trade name if any) | 9 Business deals with |
| Name NINE |) |
| Trade Name if any | a Labor Organization |
| PO Box, Bldg Room No., if any | b Trust |
| Street | c Employer |
| City L | |
| State ZIP Code + 4 | |
| 10 if 9.b or 9 c. is checked give trust or employer's name | 11 a Nature of such dealing |
| Name | |
| Trade Name if any | |
| P O Box, Bldg Room No if any | 1 |
| Street | 11 b Approximate dollar value of such dealing. |
| Cay | 12.a Nature of interest held or income received |
| State ZIP Code + 4 (| |
| | |
| | 12 b Amount |
| C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money | |
| Name and address of Employer or Labor Relations Consultant (including trade name if any). | 14 a Nature of payment. |
| Name NONE | |
| Trade Name If any | |
| PO Box, Bidg Room No If any | |
| Street | |
| City | |
| State ZIP Code + 4 | |
| 13 b Is the Business an Employer , or Consultant [? | 14 b Amount of payment NONE |

File Number **U**

Name of Person Filing Jesus Rodriguez

ADDENDUM

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received